Please Return to: City of Gahanna Dept of Parks & Recreation 200 S. Hamilton Rd Gahanna, Oh 43230 614.342.4250



Important Note: Completing a scholarship application does not guarantee a membership or a spot in a program.

2020 Scholarship Application

Free Lunch Program Reduced Lunch Program

Parent/Guardian's Name: _

Covered by Scholarship 75% Program Fees 50% Program Fees

Owed by Participant 25% Program Fees 50% Program Fees

	First	Middle	Last	
Child's Name:				
First	Mid	dle	Last	
Child's Date of Birth:	/ / Day Month Year	School At	tending:	
Street Address		<i>Apt.</i> #	City	State Zip Code
Home Phone:		Cell Phone:		
Email Address:				
Does your family current	tly qualify for the Free or	Reduced Lunch	Program?	Free Reduced
	, 4,			
Has the child received a	scholarship for Gahanna F	'arks & Recreati	on programs in p	revious years? ☐ Yes ☐ No
What mus amount(s) and visu	ommissima aahalamahin dall	lama tarrianda?		
what program(s) are you	apprying scholarship don	ars towards?		
Scholarship Application	n Terms and Guidelines			
		in the Free/Red	aced Lunch Progr	ram must be provided at the
	tion. Incomplete applicati			•
2) Please provide i	remaining payment by cre-	dit card, cash, or	check made pay	able to: City of Gahanna.
Payment will no	ot be deposited until progr	am registration	has been confirm	ned.
				holarships are awarded on a
	-serve basis for eligible re		1	•
			e scholarship fun	ds in order to be eligible to
	e following year.			
	guaranteed and are subjec	t to available fu	nding.	
c) 11Wards are not	guaranteed and are suejee	t to a randor ra		
[,		ertify that the in	formation provid	ed above and enclosed is correc
Parent/Guardian	n - Print Name			
Parent/Guardian Signatu	re		Date	
Scholarship funds provid	led by:			Face Charles Only
.».				For Staff Use Only: Date Rec'd:
				Approved:
XXX O XXX				
	Please email completed	1 1		Amt Approved:
GAHANNA PARKS & RECREATION	parksandrec@gahanna.g	gov		Data Ammayıs J.
FOUNDATION				Date Approved: